

Despite this, the GAO observed in a March 2005 report that the VA faces “significant challenges in providing services to seriously injured service members.”

In many cases, VA staff have reported that seriously injured service members are simply not ready to begin thinking about VA benefits or dealing with the VA system during the recovery process. The problem here, as GAO has pointed out, is that the VA has no policy for maintaining contact with these soldiers down the line, once they are discharged. Contact is often conducted on an ad hoc basis. Navigators can also help these seriously wounded soldiers.

VSOs such as the Veterans of Foreign Wars, Disabled American Veterans, Jewish War Veterans and so many others have emphasized the importance of maintaining contact with seriously injured veterans who do not initially apply for VA health care benefits because it may be many months or even years before they are prepared to apply for them.

The veterans navigator can help perform this function. Because this individual or individuals have reached out to the injured service member before his or her discharge, they can, in coordination with the VA caseworkers, remain in contact with them as they recover and prepare to reenter civilian life. The navigator can also help obtain information from DOD on seriously injured soldiers earlier on so that they can help ensure that all service members and veterans benefit from VA health care services at the right time.

At a time when many active duty service people and veterans have fought and often made the ultimate sacrifice for their country, we cannot risk having any soldier fall through the cracks. We cannot take the risk that our female soldiers, who are fighting alongside their male colleagues, may not receive the medical care they need. We cannot risk the lives and health of soldiers with PTSD. We cannot risk the lives and the health of any service member who put their lives at risk for our country.

Not so long ago we celebrated Memorial Day, a day when each and every American honors the service of our Nation's Armed Forces, both past and present and takes a moment to thank them for helping to keep America safe and secure. The very least that we can do is to ensure that all of these brave men and women are able to access the medical benefits to which they are entitled, particularly in their time of greatest need. At some point in each of our lives, we might need a guiding hand to help us find our way. Today, Mr. President, I am proposing to provide that helping hand to our troops in a time of their greatest need. It is the very least that we can do.

By Mr. HATCH (for himself, Mr. KENNEDY, Mr. DEWINE, Mr. DODD, Mr. BURR, Mr. HARKIN,

Mr. BOND, Ms. MIKULSKI, Ms. SNOWE, Mr. JEFFORDS, Mr. TALENT, Mr. BINGAMAN, Ms. COLLINS, Mrs. MURRAY, Mr. CHAFEE, Mr. REED, Mr. SMITH, and Mrs. CLINTON):

S. 3771. A bill to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act; to the Committee on Health, Education, Labor, and Pensions.

Mr. HATCH. Mr. President, today I am introducing the Health Centers Renewal Act with my colleagues, Senators KENNEDY, DEWINE, DODD, BURR, HARKIN, BOND, MIKULSKI, SNOWE, JEFFORDS, TALENT, BINGAMAN, COLLINS, MURRAY, CHAFEE, REED, SMITH, and CLINTON.

The health centers program was established more than 40 years ago and it has been successful in providing access to quality, comprehensive primary health care services throughout the country to a large number of uninsured or underinsured people, including children, parents and the elderly. Health centers are located at sites within medically underserved areas and provide care to those who have limited or no access to health insurance. Health centers are a critical component of our Nation's health care safety net, providing quality health care to over 15 million underserved individuals in the United States.

These health centers include community health centers which are local, not-for profit 501(c) (3) corporations that provide community-oriented primary and preventive health care and are governed by boards of directors that are composed of at least 51 percent health centers users, to ensure that the patients and the community are represented.

In my home State of Utah, community health centers serve 84,578 patients and provided almost 305,000 patient visits in 2005.

As I travel throughout Utah, I hear nothing but positive remarks about the vital work of community health centers. I would like to share some of the comments that I have received from Utahns with my colleagues.

Midtown Community Health Center in Ogden, UT just opened a very impressive new center which will enable patients in that community to receive the latest care for a range of illnesses such as diabetes, hypertension and asthma. These illnesses are costly and often require monthly visits, laboratory tests and expensive medication. One of the patients at Midtown who has diabetes and hypertension, stated that she would not have anywhere to go to monitor her diabetes if Midtown didn't exist. She describes Midtown as a “Godsend” and said that without her health care provided by Dr. Gregoire, she would be in serious financial debt and would have to choose between housing and food or health care.

Another Utah health center has a family that comes into the clinic with

a son who is bipolar. The boy's mother called very distraught because they were having problems affording his medicines and his illness had created other concerns within their family. The woman's new husband thought discipline was the solution to the child's mood swings. The community health center referred the boy to its mental health worker, who in addition to providing counseling, was able to get his medication for him at a reduced price. The mother thanked the mental health worker and she said just having someone to talk to who understood the boy's condition was helpful to her and her family.

Bottom line, community centers have made a tremendous difference for Utah's residents with limited or no health insurance. And these examples are not unique to Utah—patients across the country have had similar experiences with community health centers.

Due to the difference that health centers have made in so many lives, Congress has consistently increased funding for them since 2001 in order to meet President Bush's goal to have 1,200 new or expanded centers and an additional 6.1 million patients served by 2006. Currently, the additional funding has provided service to 4 million additional patients and has added new or expanded facilities in well over 750 communities nationwide. By reauthorizing this program, we will allow health centers to provide lowcost health care to many more uninsured and underinsured individuals.

The legislation that we are introducing today will reauthorize the health center program for 5 more years at the fiscal year 2007 funding level of \$1.963 billion, which is the administration's fiscal year 2007 budget request for the health centers program.

Utah health centers have made a tremendous difference in the lives of many—66 percent of patients come from Utah's urban areas and 27 percent are from the rural regions in Utah. Ninety-six percent of Utah's health center patients lived below 200 percent of the Federal poverty level and health centers have made a tremendous difference in their lives. In fact, for most, these health centers serve as a vital component of the health care safety net for the medically underserved and uninsured. In rural areas, health centers are often the only health care provider for many miles.

Midtown Community Health Center coordinates a free comprehensive screening clinic for women on an annual basis. In 2006, over 250 women received pap smears, breast examinations, diabetes screening, cholesterol screening and depression screening. Many of the low-income, uninsured women served had not received preventive care in many years. One woman who attended the event had experienced irregular vaginal bleeding for several months. She had tried to find a medical provider but was unsuccessful